

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>09/213740</i>	FILING DATE <i>3-21-01</i>	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1						51		
2		1					52		
3		1					53		
4		1					54		
5		1					55		
6		1					56		
7		1					57		
8		1					58		
9		1					59		
10	1						60		
11		1					61		
12		1					62		
13		1					63		
14		1					64		
15		1					65		
16	1						66		
17		1					67		
18		1					68		
19		1					69		
20		1					70		
21		1					71		
22		1					72		
23		1					73		
24							74		
25							75		
26							76		
27							77		
28							78		
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31							81		
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34							84		
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37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	3		↓		↓		TOTAL IND.	↓	
TOTAL DEP.	20		↓		↓		TOTAL DEP.	↓	
TOTAL CLAIMS	23						TOTAL CLAIMS		

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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